STUDENT REPRESENTATIVE INFORMATION FORM



SECTION 1: COMPANY DETAILS					
Company Legal Name	Trading Name				
Australian Business Number (ABN) (if applicable)		Australian Company (ACN) (if applicable)	Number		
Address		Suburb	State	Post Code	
Phone	Mobile		Fax		
E-mail		Website			
SECTION 2: COMPANYSTATUS & B	ACKGROUND				
Are you an authorized agent or member of an agent's	association? Yes No Au	ıstralian Migration Age	ncy Number		
How long has your business been operating?					
How do you promote international education and	d how will you promote our college?	? Onshore	Offshore		
List institutions you are currently representing in Au	stralia:				
1					
2					
3					
The countries/regions covered by your company					
What is the projected number of students you plan to send in	the next six months?				
Please list the most popular courses you promote now:	١	What are your Fees and Ch	arges?		
SECTION3: KEY PERSONNEL					
Please provide an overview of the key personnel with	in your company: (Attach additional pa	ages as required)			
Name		Position:			
Name		Position:			
SECTION 4: REFEREES					
Referee -1					
Name					
Address	Su	burb	State	Post Code	
Phone	E-	mail			
Referee -2					
Name					
Address	Su	burb	State	Post Code	
Phone	E-	mail			



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PRIVACY NOTICE:

International Institute of Education is required to collect education agents' personal information. This may be shared with the Australian Government as required for the purposes of:

- Promoting compliance with the ESOS Act and the National Code;
- · Assisting with the regulation of Agents;
- Promoting compliance with the conditions of a particular student visa or visas, or of student visas generally; or
- Facilitating the monitoring and control of immigration.

Information about education agents can also be accessed by all registered providers through PRISMS and includes:

- The outcome of the enrolments
- · The percentage of completed CoEs by the education agent
- The number of CoEs created with the education agent's involvement against the total number of CoEs created for the provider.

Education Agent Declaration

Name of education agent

I declare that the information provided is true and correct.

I agree to the collection, use and disclosure of my personal information as per the Privacy Notice.

I understand my responsibilities as an education agent under the National Code 2018 Standard 4 and have a good understanding of the international education system in Australia, including the International Education and Training Code of Ethics.

representative				
Signature	Date			
Authorisation Staff Only				
Authorization for Processing				
Action to be taken:	Date Effective			
Document Required				
Company Registration				
Business Profile				
Education Ministry or Relevant Regulator Registration Document				
All of the agent application of IIE are processed after the reference check process, so please ensure that the provided reference details are accurate, if the details are not accurate there might be some delay on your application processing.				
Print Name	Position			
Signed	Date Processed			

